## STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES FOR HORIZON PARTICIPANTS EFFECTIVE JANUARY 1, 2007

ACTIVE EMPLOYEES	BASE		SEL	ECT
	Total	Employee	Total	Employee
Employee	\$322	\$ 0	\$339	\$ 17
Employee + Spouse	\$640	\$318	\$700	\$378
Employee + Spouse & Child(ren)	\$808	\$486	\$868	\$546
Employee + Child	\$406	\$ 84	\$466	\$144
Employee + Children	\$533	\$211	\$593	\$271

<b>RETIRED EMPLOYEES &lt; 65 and NON-MEDICARE ELIGIBLE</b>	BASE	SELECT
Retiree	\$ 540	\$ 559
Retiree + Spouse (Non-Medicare)	\$1,076	\$1,144
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,203	\$1,271
Retiree + Child	\$ 618	\$ 686
Retiree + Children	\$ 745	\$ 813
Retiree + Spouse (Medicare)	N/A	\$ 711
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$ 838

DISABLED RETIREES < 65 and NON-MEDICARE ELIGIBLE	BASE	SELECT
Retiree	\$ 540	\$ 559
Retiree + Spouse (Non-Medicare)	\$1,076	\$1,144
Retiree + Spouse & Child(ren) (Non-Medicare)	\$1,203	\$1,271
Retiree + Child	\$ 618	\$ 686
Retiree + Children	\$ 745	\$ 813
Retiree + Spouse (Medicare)	N/A	\$ 711
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$ 838

DISABLED RETIREES < 65 and MEDICARE ELIGIBLE	BASE	SELECT
Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$737
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$864
Retiree + Child	N/A	\$279
Retiree + Children	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$431

<b>RETIRED EMPLOYEES &gt; or = 65 and MEDICARE ELIGIBLE</b>	BASE	SELECT
Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$737
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$864
Retiree + Child	N/A	\$279
Retiree + Children	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$431

RETIRED NON-MEDICARE MARRIED TO ACTIVE	BASE	SELECT
Retiree	\$344	\$361
Retiree + Child	\$428	\$488
Retiree + Children	\$555	\$615

## STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES FOR LEGACY PARTICIPANTS EFFECTIVE JANUARY 1, 2007

ACTIVE EMPLOYEES	BASE		SELECT	
	Total	Employee	Total	Employee
Employee	\$322	\$ 0	\$339	\$ 0
Employee + Spouse	\$640	\$318	\$700	\$361
Employee + Spouse & Child(ren)	\$808	\$486	\$868	\$529
Employee + Child	\$406	\$ 84	\$466	\$127
Employee + Children	\$533	\$211	\$593	\$254

RETIRED EMPLOYEES < 65 and NON-MEDICARE ELIGIBLE	BASE	SELECT
Retiree	\$ 370	\$ 389
Retiree + Spouse (Non-Medicare)	\$736	\$804
Retiree + Spouse & Child(ren) (Non-Medicare)	\$929	\$997
Retiree + Child	\$466	\$516
Retiree + Children	\$612	\$643
Retiree + Spouse (Medicare)	N/A	\$541
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$668

DISABLED RETIREES < 65 and NON-MEDICARE ELIGIBLE	BASE	SELECT
Retiree	\$370	\$389
Retiree + Spouse (Non-Medicare)	\$736	\$804
Retiree + Spouse & Child(ren) (Non-Medicare)	\$929	\$997
Retiree + Child	\$466	\$516
Retiree + Children	\$612	\$643
Retiree + Spouse (Medicare)	N/A	\$541
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$668

DISABLED RETIREES < 65 and MEDICARE ELIGIBLE	BASE	SELECT
Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$567
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$760
Retiree + Child	N/A	\$279
Retiree + Children	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$431

<b>RETIRED EMPLOYEES &gt; or = 65 and MEDICARE ELIGIBLE</b>	BASE	SELECT
Retiree	N/A	\$152
Retiree + Spouse (Non-Medicare)	N/A	\$567
Retiree + Spouse & Child(ren) (Non-Medicare)	N/A	\$760
Retiree + Child	N/A	\$279
Retiree + Children	N/A	\$406
Retiree + Spouse (Medicare)	N/A	\$304
Retiree + Spouse & Child(ren) (One or more Medicare)	N/A	\$431

RETIRED NON-MEDICARE MARRIED TO ACTIVE	BASE	SELECT
Retiree	\$344	\$361
Retiree + Child	\$428	\$488
Retiree + Children	\$555	\$615

## STATE AND SCHOOL EMPLOYEES' HEALTH INSURANCE PLAN PREMIUM RATES FOR COBRA PARTICIPANTS EFFECTIVE JANUARY 1, 2007

COBRA	BASE	SELECT
Participant	\$328	\$345
Participant + Spouse	\$652	\$714
Participant + Spouse & Child(ren)	\$824	\$885
Participant + Child	\$414	\$475
Participant + Children	\$543	\$604

COBRA DISABILITY EXTENSION	BASE	SELECT
Participant	\$483	\$508
Participant + Spouse	\$960	\$1,050
Participant + Spouse & Child(ren)	\$1,212	\$1,302
Participant + Child	\$609	\$699
Participant + Children	\$799	\$889